FilmL.A., Inc.
6255 W Sunset Blvd, 12th Floor
Hollywood, CA 90028
t: (213)977-8600 - f: (213)977-8601
www.filmla.com

Summary Information

Permit No: F00148105-E **Type of Permit:** FILMING **Release Date:** 02/15/2019

Production Company SIBLING RIVALRY

Insured Company Name SIBLING RIVALRY
Contact Phone No. 1 323-993-9600
Contact Phone No. 2
Fax
Address 176 GRAND ST, 5TH FLOOR
NEW YORK, New York 10013

Production Title HOME DEPOT

Type of Production Commercial - Standard

Producer Amanda Clark

Director Joe Wright

1st AD Scott Harris

Production Manager Ashlee Cannon

FilmL.A. Coordinator Sarah Neubauer

Location Manager JJ Levine
Primary Phone Mobile - 310-467-3742
Secondary Phone

Location Assistant N/A N/A
Primary Phone Mobile - 555-555-5555
Secondary Phone

Fees

FILMLA NON-REFUNDABLE FILM PERMIT RIDER FEE	$109.00

Total Permit Fee $109.00

Number of Locations 1

NOT A PERMIT

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Summary Information — Location

Permit Number F00148105-E
Production Company SIBLING RIVALRY
Insured Company SIBLING RIVALRY
Production Title HOME DEPOT

Location Manager JJ Levine
Primary Phone Mobile - 310-467-3742
Secondary Phone

Location Address 5246 Goodland Ave, Los Angeles, CA, 91607

Location Type Private Residence

Prep Dates 2/14/2019 - 2/14/2019 07:00 - 22:00 1 day

Film Dates 2/15/2019 - 2/15/2019 07:00 - 22:00 1 day

Open or Closed to the Public Closed

Generic Conditions
Equipment staging and vehicles may park on one side of the street only.
Must Maintain 5' Clearance on Sidewalks/Walkways
Must maintain local/emergency access
No cast or crew parking on area streets
No interference with merchant activity.
No interference with vehicular or pedestrian traffic
No Parking in handicap spaces at anytime.

Please see attached documents
148105_SS_MAGNOLIA_COLDWATER CY_EAST 350'_ NS (1).pdf
doc07213520190215103956.pdf
-(27).pdf

Equipment on Location

Type	Quantity
5 or 10 ton trucks	3
Cast/Crew vehicles	60
Cube Trucks	4
Generator	1
Motor Homes	2
Vans	3

Personnel on Location

Type	Quantity
Cast	5
Crew	65
Off-Duty/Retired LAPD Officer(s)	2
Spot Check	1

Filming Activities Interior Dialogue; 1 DOG;

Jurisdiction **Political:** Los Angeles City - Council District 02 **Police:** Los Angeles Police Department **Fire:** Los Angeles City

Thomas Guide **Page:** 562 **Grid:** E2

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Summary Information — Location

Permit Number F00148105-E
Production Company SIBLING RIVALRY
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Production Title HOME DEPOT

Location Manager JJ Levine
Primary Phone Mobile - 310-467-3742
Secondary Phone

Coordinator Note SPOT CHECK APPROVED PER INSPECTOR OWENS 2/14

Coordinator Note RIDER E ADDS DOG

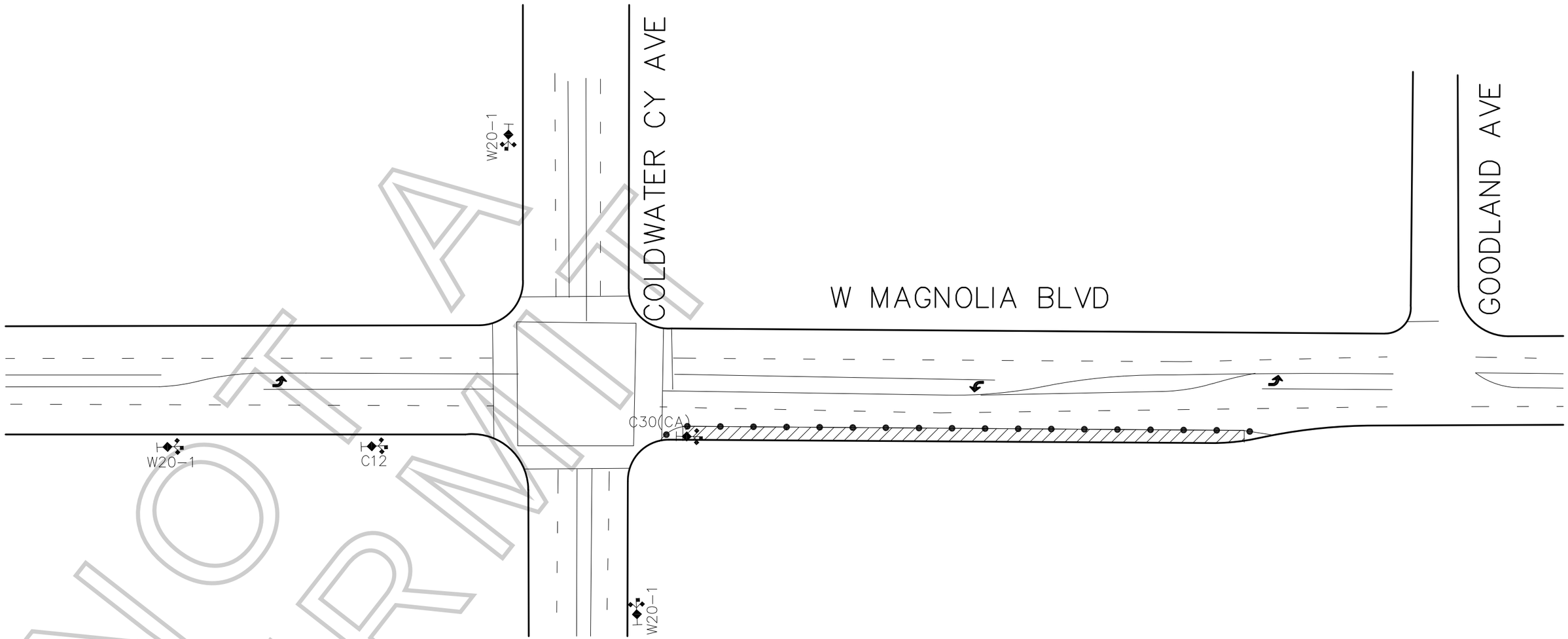
Parking

Base Camp LA VALLEY
Location Type : COLLEGE
Other Location 5800 Fulton Ave, Los Angeles, CA, 91401

Crew Parking LA VALLEY
Location Type : COLLEGE
Other Location 5800 Fulton Ave, Los Angeles, CA, 91401

NOT A PERMIT

Permit #F00148105-E



NOT A PERMIT

LEGEND:

- ADVANCE WARNING SIGN
- SIGN ON TYPE I BARRICADE
- TRAFFIC CONE 28" (REFLECTIVE)
- FLASHING ARROW SIGN (FAS)
- CLOSURE/WORK AREA

ROAD WORK AHEAD	NARROW LANE	LANE CLOSED
W20-1	C12	C30(CA)

FILM LA COORDINATOR: SARAH NEUBAUER
FILM LA PERMIT # F-148105

CLOSURE INFO:

S/S CURB LANE OF MAGNOLIA BLVD
FROM COLDWATER CANYON AVE-EAST 350'

2/15, 0700-2200

SIBLING RIVALRY
"HOME DEPOT"
LOCATIONS CONTACT:
CHRISTIE HAZLET 323.260.4777(4PPS)

TCP DRAWN BY:
ISMAEL RODRIGUEZ
PACIFIC TRAFFIC CONTROL, INC.
323.981.0600 PH.
LIC # 944488

GENERAL NOTES:

1. ALL SIGNING, STRIPING, AND TRAFFIC CONTROL DEVICES SHALL CONFORM TO THE CURRENT STATE OF CALIFORNIA DEPARTMENT OF TRANSPORTATION (CALTRANS) STANDARD PLANS AND STANDARD SPECIFICATIONS, CALIFORNIA M.U.T.C.D., AND ANY ADDENDUMS THERTO, AND AS SHOWN ON THESE PLANS.
2. THERE SHALL BE NO INTERFERENCE WITH TRAFFIC SIGNALS OR CROSSWALKS.
3. CONES SHALL BE 28" MINIMUM HEIGHT AND SHALL HAVE REFLECTORIZED SLEEVES FOR NIGHT WORK.
4. POLICE SHALL DIRECT TRAFFIC AS NECESSARY.

Make Check Payable to:
Department of
Animal Services

APPLICATION FOR FILM PERMIT

TO: THE DEPARTMENT OF ANIMAL SERVICES
3320 West 36th Street, Los Angeles, CA 90018

No Refund Allowed
Applications Must Be
Filled Out Completely

Name of Applicant/Authorized Representative (Print Clearly) Christie Hazlet @ PPS, Inc	**Purpose of Permit:** **Check One:** (X) Commercial ( ) New ( ) Non-Commercial ( ) Renewal
Address of Applicant (HOME) 1481 E. 4th St Phone 323-260-4777	Have you ever been convicted of Animal Cruelty? ( ) Yes (X) No
City Los Angeles, CA Zip 90033	Have you received a copy of the Department of Animal Services Permit Book? (Also known as the Rules & Regulations.) (X) Yes ( ) No
Name of Business Sibling Rivalry	
Business Address 175 Grand St Phone 212-226-6787	
City New York City, NY Zip 10013	Have you read and understand the above mentioned Rules & Regulations? (X) Yes ( ) No
Name of Production? "Home Depot"	Date(s) of Filming? 2/15 to 2/15
Name of Contacts/Production Managers: JJ Levine - location manager Phone Number: 310-467-3742	Time(s) animals will be filmed? 0700 am / pm to: 2200 am / pm
	Filming Address: 5246 Goodland Ave Los Angeles, CA 91607
Film LA Inc. Representative if Applicable: Sarah Neubauer, F-148105-C Phone Number: 213-977-8600	Include maps, call sheets, scripts and all other applicable paperwork when applying.

Describe the scene where animal(s) will be filmed: 1 dog in scene.

ANIMAL INFORMATION

1. Name of Agency/Owner: Studio Animal Services Phone: 661-257-4798		Quantity	Type(s) of Animals
Address: 28230 San Martinez Grande Canyon Rd		1	Dog
City: Castaic, CA Zip: 91384			
Name of Handler: Deb Dellosso & Carolyn Doherty Local Phone: 661-510-7656; 818-203-8132	Address: studioanimals@gmail.com		
2. Name of Agency/Owner: Phone:		Quantity	Type(s) of Animals
Address:			
City: Zip:			
Name of Handler: Local Phone:	Address:		

Use the Reverse Side if Additional Space is Needed

As the authorized representative of the above production company, I hereby agree, on their behalf , to abide by the laws of the City of Los Angeles and the Rules and Regulations of the Department of Animal Services. I certify that all statements made on or in connection with this application are true and complete to the best of my knowledge and belief, and I understand and agree that any misstatements or omissions of material fact herein may cause the denial or revocation of the requested permit.

I further understand and agree that the above premises may be inspected on a regular basis in accordance with the provisions of sections 53.03, 53.50 and 53.65 L.A.M.C. and such other sections as may be applicable.

2/15/19
Date

Signature of Authorized Representative

For Official Use Only

Receipt Number:	The Applicant ( ) **meets** ( ) **does not meet** the requirements set forth in L.A.M.C. 53.50 and all other applicable state and federal laws. Therefore the permit shall be : ( ) **Granted** ( ) **Denied**	
Total Fees: / Permit Fees:	INSPECTION	
Permit Number: / Permit Issued:	Date:	Inspected By: / Approved By:
Expires:		

General Manager

Date

City of Los Angeles Animal Services North Central Shelter

3201 Lacy Street, Los Angeles, CA 90031
(888) 452-7381

Permit #F00148105-E

Receipt Number: R19-017661

Receipt Date: Friday, February 15, 2019

Person Information: CHRISTIE HAZLET PPS
1481 E 4TH ST
LOS ANGELES, CA 90033

PID: P1370632

Received From: PPS | Check No: 68980 | Phone: (323) 260-4777

Item:	Animal ID:	Reference No:	Price:	Each:	Amount:
PMT AML FLM		1 DOG	$680.00	1	$680.00

	Total Fees Due:	**$680.00**
Payments:	Cash:	
	Check:	$680.00
	Credit Card:	
	Total Payments Received:	**$680.00**

Thank You!

Change:	$0.00
Balance Due:	$0.00

LA ANIMAL SHELTER NO
3201 LACY ST
LOS ANGELES, CA 90031-1867
213-485-8855

Check Sale
Conversion with Verification

Entry Method: Swiped
Phone #: --
Routing: 322271627
Account: xxxxx3162
Check #: 68980
Total: $ 680.00

02/15/19 10:23:51
Inv #: 000000002 Appr Code: 674038
Trace: 929229 Batch#: 000646
Visa Tran ID: 729046966231760
Resp Src Ind: A

When you provide a check as payment, you authorize us either to use information from your check to make a one-time electronic fund transfer from your account or to process the payment as a check transaction or collected using a bank draft. If your payment is returned due to insufficient funds, you authorize us to make a one-time electronic fund transfer from your account or use a bank draft to collect a fee as allowed by state law.

CA = $25

Fee is dollar amount or percentage of check face value, whichever is greater. This information is not intended to be legal advice and is subject to change. For inquiries, please call 800-310-6187.

Customer Copy

THANK YOU!

Shelter Hours

Tuesday through Saturday - 8:00 AM to 5:00 PM and Sundays - 11:00AM to 5:00PM

All Shelters are CLOSED Mondays and Holidays

Clerk: N CENTRA mgodinez | Transaction Date: 02/15/19 | Print Date/Time: 2/15/2019 10:22:31AM

NOT A PERMIT

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Make Check Payable to:
Department of
Animal Services

APPLICATION FOR FILM PERMIT

TO: THE DEPARTMENT OF ANIMAL SERVICES
3320 West 36th Street, Los Angeles, CA 90018

No Refund Allowed
Applications Must Be Filled Out Completely

Permit #E0014810 5-E

Name of Applicant/Authorized Representative (Print Clearly): Christie Hazlet @ PPS, Inc	
Address of Applicant (HOME): 1481 E. 4th St	Phone: 323-260-4777
City: Los Angeles, CA	Zip: 90033
Name of Business: Sibling Rivalry	
Business Address: 175 Grand St	Phone: 212-226-6787
City: New York City, NY	Zip: 10013
Name of Production? "Home Depot"	
Name of Contacts/Production Managers: JJ Levine - location manager	Phone Number: 310-467-3742
Film LA Inc. Representative if Applicable: Sarah Neubauer, F-148105-C	Phone Number: 213-977-8600

Purpose of Permit: **Check One:**
(X) Commercial ( ) New
( ) Non-Commercial ( ) Renewal

Have you ever been convicted of Animal Cruelty?
( ) Yes (X) No

Have you received a copy of the Department of Animal Services Permit Book? (Also known as the Rules & Regulations.)
(X) Yes ( ) No

Have you read and understand the above mentioned Rules & Regulations?
(X) Yes ( ) No

Date(s) of Filming? 2/15 to 2/15

Time(s) animals will be filmed? 0700 am / pm to: 2200 am / pm

Filming Address: 5246 Goodland Ave
Los Angeles, CA 91607

Include maps, call sheets, scripts and all other applicable paperwork when applying.

Describe the scene where animal(s) will be filmed: 1 dog in scene.

ANIMAL INFORMATION

1. Name of Agency/Owner: Studio Animal Services	Phone: 661-257-4798	Quantity	Type(s) of Animals
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Name of Handler: Deb Dellosso & Carolyn Doherty	Local Phone: 661-510-7656; 818-203-8132	Address: studioanimals@gmail.com	
2. Name of Agency/Owner:	Phone:	Quantity	Type(s) of Animals
Address:			
City:	Zip:		
Name of Handler:	Local Phone:	Address:	

Use the Reverse Side if Additional Space is Needed

As the authorized representative of the above production company, I hereby agree, on their behalf , to abide by the laws of the City of Los Angeles and the Rules and Regulations of the Department of Animal Services. I certify that all statements made on or in connection with this application are true and complete to the best of my knowledge and belief, and I understand and agree that any misstatements or omissions of material fact herein may cause the denial or revocation of the requested permit.

I further understand and agree that the above premises may be inspected on a regular basis in accordance with the provisions of sections 53.03, 53.50 and 53.65 L.A.M.C. and such other sections as may be applicable.

2/15/19
Date

Signature of Authorized Representative

For Official Use Only

Receipt Number: R19-017061

Total Fees: 1680 Permit Fees: 1680

Permit Number:

Permit Issued:

Expires:

The Applicant ( ) **meets** ( ) **does not meet** the requirements set forth in L.A.M.C. 53.50 and all other applicable state and federal laws. Therefore the permit shall be : ( ) **Granted** ( ) **Denied**

INSPECTION

Date:	Inspected By:	Approved By:

General Manager Date

NOT A PERMIT

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